

Michigan Department of Education  
Grants Coordination and School Support  
**Summer Food Service Program  
Security Access Form**

This form is required for each person requesting Level 3 "Enter/Certify" security access rights to the following Michigan Education Information System (MEIS) applications:

- **CNAP** - Child Nutrition Application Program - SFSP Application for 2005
- **Claim for Reimbursement** - SM-4012-SF - SFSP Claim Forms for 2005

**Each different or additional designee must complete and submit a separate copy of this form.** A new form must be submitted for a replacement designee whenever the individual below is no longer authorized. Each designated individual with Level 3 "Enter/Certify" security access rights has the authority to grant Level 1 "Read Only" or Level 2 "Enter/Edit" rights to other individuals within their organization.

School District/Organization Name

Agreement Number

**1. Designated Individual (Cannot be an employee of a Food Service Management Company)**

I agree to protect my user identification and password from unauthorized use and understand that all activity under my user ID is my responsibility. I further understand that by reporting Summer Food Service Program data on MEIS I am certifying that the data is true and correct, that records are available to support it and that it is in accordance with the terms of the existing Agreement.

Signature

Date

\* **A** \_\_\_\_\_  
MEIS Account Number

Print Name

Telephone Number

\* If you HAVE already established an MEIS account, enter the existing account number above. DO NOT CREATE ANOTHER ONE.  
- If you do NOT have an MEIS account number, go to: <http://michigan.gov/meis> and click on the MEIS logo box on the top of the screen. Click on "Create an MEIS Account" and follow instructions.  
Check if you are a:

\_\_\_\_\_ **Replacement Designee** \_\_\_\_\_  
Name of replaced designee to be removed from security access

**2. Level 3 "Enter/Certify" Security Access Rights**

Check the MEIS Application(s) and corresponding authority for the above named Designated Individual:

**MEIS Application:**

**Authority:**

\_\_\_\_\_ **CNAP** . . . . . Bind the Sponsor to the laws, regulations, policies and rules of  
the Summer Food Service and Commodity Distribution Programs

\_\_\_\_\_ **Claim Form** . . . . . Enter/Certify Summer Food Service Program claim data

**3. Authorization by Superintendent or Administrator**

I attest that the above named individual has the authority indicated in Part 2.

Signature of Superintendent or Administrator

Title

Print Name

Date

**4. Mail or fax form to:** Ruby Dixon, MDE, GCSS, P.O. Box 30008, Lansing, MI 48909  
**Fax: (517) 373-4022**